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International Planned Parenthood Federation (I.P.P.F.)

ITS HISTORY AND INFLUENCE*

RE-APPRAISAL

TOWARDS THE END of the 1930s it became clear that the provision of a contraceptive service alone was not enough. The over-fertile over-burdened parents of the 1920s still needed help but so did their sub-fertile neighbours who had failed to achieve the wanted child, and the newly-married daughters who came to the voluntary clinics for child-spacing. Birth control began to have a new and wider meaning which was expressed in the terms "family planning" and "planned parenthood." Also reflected in this change was the de-population scare of the mid-1930s brought about by the dramatic decline in the birth rates of several European countries and which in France had already led, in 1920, to legislation aimed at preventing the practice of birth control and to Government measures in favour of large families.

By 1934 the medical facilities for abortion in the U.S.S.R. provided under the Soviet law of 1920 had become so widely used that in Moscow for every 100 pregnancies ending in live births, 270 ended in abortion. Counter-measures were taken in 1936 which restricted the grounds for abortion and increased family benefits. The restrictions remained in force until 1955 when concern about the growing number of illegal operations and their harmful effects on the health of women once again prompted the Soviet Government to legalize abortion.

In Sweden and in Britain fears of de-population resulted in the appointment of Royal Commissions on Population which, while fully recognizing the need for population replace-

ment, firmly upheld the principle of voluntary parenthood and, in the case of Britain, recommended that "the giving of advice on contraception to married persons who want it should be accepted as a duty of the National Health Service."

Comprehensive Clinics

The British Royal Commission envisaged the development of "a clinic . . . as the needs emerged, to include pre-marital examinations and other services of direct relevance to family welfare." It went on to suggest that "this branch of the National Health Service might play an important part in family welfare in future." In the absence of any official action the voluntary agency, the Family Planning Association, has itself developed the idea of comprehensive clinics and named them "marriage welfare centres."

At the Third International Conference on Planned Parenthood (Bombay, 1952) it was recommended that such centres be established in India. The following year, in July 1953, the Government of India Family Planning Research and Programmes Committee held its first meeting. It adopted the five-purposes principle and defined them as including "sex education, marriage counselling, marriage hygiene, the spacing of children (which for the immediate future has priority), and advice on such other measures (among them infertility) as may be necessary to promote the welfare of families."

Abortion in Sweden

The question of abortion figured prominently in the Report of Sweden's first Royal Commission on Population (1935-38) and again in the Report of the second Royal Commission (1941-46).

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Among the suggested measures to deter women from seeking abortion were the following: better sex instruction and improved distribution of contraceptives; facilities for the early diagnosis of pregnancy and the simplification of the procedure for obtaining a legal abortion; maternity grants and the provision of accommodation for unmarried mothers.

Scandinavian Pioneer

In 1933 Norwegian-born Mrs. Elise Ottesen-Jensen founded in Sweden a voluntary organization to spread sex education, *Riksförbundet för Sexuell Upplysning* (National League for Sex Education), and opened, in Stockholm, the first consultation centre at which advice on all sexual matters, including birth control, was available. Previously the one or two birth control clinics which had been started earlier had failed to attract the public but the new centre quickly became popular.

Through the efforts of the League the recommendations of the Swedish Royal Commissions on Population were put into effect. For many years Elise Ottesen-Jensen herself travelled all over Sweden giving lectures to children and to adults. As part of the campaign against illegal abortions the League established its own laboratory for pregnancy diagnosis and opened a home for unmarried mothers to which the late King of Sweden contributed 1,000 Swedish kronor from his private purse. On her sixty-fifth birthday Mrs. Ottesen-Jensen received from His Majesty the award "Illis Quorum", and more recently Uppsala University has conferred on her the Honorary Doctorate of Medicine in recognition of her work in the field of sex education, which is now an accepted part of the curriculum of all Swedish schools. In 1959 she succeeded Margaret Sanger as President of the International Planned Parenthood Federation.

PART II: 1946-1961

Rebuilding in Europe

After the Second World War Mrs. Ottesen-Jensen rallied the scattered forces of Europe to help rebuild the pre-war movement which the Nazi regime had destroyed in the "occupied countries" and in Germany itself, and to lay the

foundations for a new international organization. Under the auspices of the Swedish League the first of a new series of international conferences was held in Stockholm in August 1946. It brought together again representatives from the United States, headed by Margaret Sanger, and from Britain, Denmark, Finland, Holland, Norway and Sweden. Two important decisions were taken at Stockholm: the first was to set up an interim committee to work for the formation of a permanent international organization and the second was to hold another, more representative, conference in 1948 in England. Mrs. Sanger persuaded the Family Planning Association to undertake the organization of what came to be known as the Cheltenham Congress, and promised it financial help.

Cheltenham Congress, 1948

Delegates from twenty-three countries met at Cheltenham in August 1948, under the presidency of Lord Horder, to discuss the theme "Population and World Resources in relation to the Family." The proceedings of the Cheltenham Congress produced much useful information, which had not been collected before at one spot, on population trends, the social and economic aspects of family life, migration and birth control as factors in the adjustment of populations to resources, and the psychological, religious and political implications of family limitation as well as current and future research on fertility, infertility, sex and marriage. Subsequent conferences have both added to this pool of information and increased understanding of the essential part that family planning can play in the economic and social development of a country.

Interim Committee and the London Centre

At Cheltenham the interim committee, known as the International Committee on Planned Parenthood (I.C.P.P.), was formed. It consisted of two representatives each from the national organizations of Britain, Holland and Sweden, and three from the United States. The Brush Foundation for Race Betterment, U.S.A., made an initial grant of \$5,000 for the establishment of a headquarters office in London and the Eugenics Society provided it with rent-free

accommodation at 69 Eccleston Square. The London centre was at first in the charge of a part-time secretary, Mrs. Helen (now Lady) Cohen. In November 1949 I was engaged on a full-time basis and became in August 1953 the first Executive Secretary of the I.P.P.F. which post I held until my resignation in May 1959. The present Executive Secretary is Mrs. Patricia Gasparro.

During the three years 1949 to 1951 the I.C.P.P. met annually in London. Contact was re-established with family planning groups and supporters in some twenty countries. In several places, particularly in Eastern Europe, there was no one left who was in a position to help and we had to await the emergence of new forces and new ideas. In others, like Holland, the pre-war movement was being rebuilt along somewhat different lines, involving a change in emphasis from birth control to sex education and marital harmony. But in Asia the malthusian spectre stalked again.

Death Control and Counter-measures

Famine, pestilence and disease were fast disappearing not only from the continent of Asia but from other areas of the world. In a single year the death rate of Ceylon dropped six points, from twenty to fourteen per thousand, as a result of the use of D.D.T. against the malarial mosquito. Death rates comparable with the lowest in Europe are now to be found in Ceylon (9·8), Taiwan (8·0), Hong Kong (7·5), Japan (7·4) and Singapore (7·3). In Latin America, control of malaria, smallpox and yellow fever has cut the death rate by half in Chile and Costa Rica and by nearly two-thirds in Puerto Rico. To-day Latin America has the most rapid population growth (an annual rate of 2·5 per cent) of any major region in the world.

Economic conditions in Japan after her defeat were such that the women took matters into their own hands. In the absence of reliable contraceptives and trained instructors they resorted to abortion, a method which, together with infanticide, had kept the population stationary for about 250 years during the latter half of the Tokugawa Shogunate (1603-1867). With the introduction of the Eugenics Protection Law of 1948 abortion became widespread

until by 1955 there were more than a million operations a year and a further million which were outside the provisions of the law. Although official sanction was given in 1949 for the production of chemical contraceptives, and the Japanese Cabinet in 1951 advocated the practice of contraception, it was not until 1954 following Mrs. Sanger's visit that the Minister of Welfare's Advisory Council on Population issued a statement that "it is necessary for the [Japanese] Government to adopt policies to curb the population increase" and that the practice of conception control "should be conducted not only from the standpoint of protection of mother's health, but also . . . as a part of overall population policies." The measures recommended to the Japanese Government included the provision of "means of conception control . . . through the health insurance or other social insurance systems" and without charge or at low prices to indigent people; "the co-operation of welfare agencies of factories, mining companies, or other establishments to promote the practice of family planning," and the avoidance of benefits "in relation to wage payments as well as the taxation system . . . which may be interpreted as encouraging large families."

By 1951 all Indian States and Unions were being urged to encourage birth control to check the rapid growth of population. The Prime Minister, Pandit Nehru, in his speeches frequently referred to the need for family limitation and the National Planning Commission, of which he was chairman, recommended that "the State should provide facilities for sterilization or giving advice on contraception on medical grounds," and that "such help and advice should not be withheld from others who seek and need it on social and economic grounds." The Registrar-General in his report on the 1951 Census warned that policies of economic development and reduction of births must be simultaneously pursued and defined "improvident maternity" as "a childbirth to a mother who has already given birth to three or more children of whom at least one is alive." The Indian Government applied to the World Health Organization for advice and assistance in carrying out a survey of the rhythm, or safe period, method and in October 1951 Dr.

Abraham Stone, Director of the Margaret Sanger Research Bureau, New York, and a member of the I.C.P.P., visited India as W.H.O. consultant on family planning. As a result of his recommendations two study-projects were set up in May 1952, one in Lodi Colony, New Delhi, and the other at Ramanagaram in Mysore, which continued until March 1955.*

When the I.C.P.P. met in London in 1951, the Bombay Family Planning Association, which was soon to become the F.P.A. of India, was making preparations for the first All India Conference on Family Planning in November 1951. Margaret Sanger immediately cabled the President, Lady Rama Rau, asking her to invite the I.C.P.P. to hold the next international conference in India.

Bombay Conference, 1952

At the invitation of the F.P.A. of India the Third International Conference on Planned Parenthood took place in Bombay in November 1952. It was inaugurated by India's Vice-President, Dr. Sarvepalli Radhakrishnan and was attended by 487 delegates and observers; fourteen countries participated. In his opening address Dr. Radhakrishnan discussed Gandhi's teaching and pointed out that in matters of social conduct and policy Gandhi had established, in conformity with ancient texts, an important moral distinction between what was ideal and, if the ideal were unattainable, what was permissible.†

By a resolution of the Bombay Conference, the I.C.P.P. became the International Planned Parenthood Federation and Mrs. Sanger and Lady Rama Rau were appointed the first Joint Honorary Presidents. The four original member-organizations, from Britain, Holland, Sweden and the United States, were joined by the family planning associations of India, Hong Kong, Singapore and Western Germany.

Immediately following the Bombay Conference, the Prime Minister of India, on December 8th 1952, presented to the Indian Parliament the National Planning Commission's first Five-Year Plan. The recommendations concerning family planning were adopted in

full, and a sum of Rs. 65 lakhs (£540,000) was allocated to the Ministry of Health for a family planning programme. The provision made under the second Five-Year Plan was Rs. 497 lakhs (£3½ million) and in the third Five-Year Plan (1961-65) Rs. 25 crores (£18½ million).

International Bulletin and Directory

The first issue of the international bulletin *Around the World News of Population and Birth Control* appeared in January 1952. Edited by Dorothy Brush and generously subsidized by the Brush Foundation for Race Betterment the bulletin quickly became an important link between the older established family planning organizations and the newly emerging pioneer groups. The circulation figure of 5,000 doubled in a year and by September 1953 had reached a peak of 12,000 copies. Altogether the bulletin has been published in eight languages. When Mrs. Brush resigned for health reasons at the end of 1956 the publication was transferred from New York to London and Dr. L. N. Jackson became the editor.

In April 1952 the international directory previously issued by the British F.P.A. was revived as an annual publication. The 1961 edition gives information about family planning agencies in fifty-seven countries.

Stockholm Conference, 1953

The Fourth International Conference on Planned Parenthood met at Stockholm in August 1953. Attended by 158 delegates and observers from twenty countries it was a very different gathering from that of the first post-war conference which the Swedish League invited to Stockholm in 1946. In the intervening years the I.P.P.F. had grown up and at the 1953 conference a constitution was adopted which put as the first aim "to advance through education and scientific research the universal acceptance of family planning and responsible parenthood in the interests of family welfare, community well-being, and international goodwill." Membership was made conditional upon the observance of the two following principles: that commercial interests take no part in the control of the body applying for membership and that its work is carried on irrespective of race, creed or colour.

* THE EUGENICS REVIEW 1955, 47, 93 and 163.

† THE EUGENICS REVIEW 1953, 44, 187.

At first open only to voluntary organizations membership was extended in 1957 to government agencies; the Medical and Health Department of Bermuda was the first to apply followed by the *Service de la Santé Publique* of the Canton de Vaud, Switzerland. Other associations admitted in 1952 were from Australia and South Africa.

United Nations World Population Conference

The U.N. World Population Conference which met in Rome at the end of August 1954 was attended by 500 specialists from seventy States and territories. The I.P.P.F. was allowed observer status and was represented by Elise Ottesen-Jensen and Dorothy Brush. Eight members of the Governing Body were amongst those who contributed papers or participated in discussion. As described in the first part of this article, the object of the conference was not to discuss policies or to make recommendations: it was to seek information on population trends and relevant matters. At the I.P.P.F. Governing Body meeting held immediately after the conference the national associations of Ceylon, Italy, Japan, Pakistan and Puerto Rico were admitted as members.

Tokyo Conference, 1955

The Family Planning Federation of Japan was the host-organization for the Fifth International Conference on Planned Parenthood held in November 1955 under the presidency of the Japanese Minister of Health and Welfare, Mr. Hideji Kawasaki. Some 500 delegates and observers from all over Japan and from twenty other countries participated. The importance of the Tokyo Conference was the bringing together for the first time in a meeting of this kind, of anatomists, biologists, biochemists and other research workers for the discovery of a biological method of conception control. Ten leading scientists from Britain, India, Israel, Japan, Sweden and the United States contributed papers.

At the end of the conference the Japanese Minister of Health and Welfare presented the I.P.P.F.'s President, Mrs. Sanger, with a scroll of appreciation from the Japanese people. With the admittance of organizations in Belgium,

Denmark and New Zealand the I.P.P.F.'s membership numbered eighteen in 1955.

Present Membership

New member-organizations were elected from Barbados and Jamaica in 1957 as well as the first two government agencies already referred to, Bermuda and Canton de Vaud, Switzerland; from Finland, France, Mauritius and Poland in 1959; from Nepal and Thailand in 1960, and in 1961 from Burma, Korea, Malaya and Trinidad and Tobago, bringing the total membership up to thirty-two.

Regional Conferences and Seminars

The constitution of the I.P.P.F. provides for a regional system of organization under which countries have so far been grouped in four regions: the Western Hemisphere, based on New York; Europe, Near East and Africa, on London, the Indian Ocean, successively on Bombay and Colombo, and the Far East and Australasian Region on Singapore. In May 1955 the first of a series of regional conferences was held in Puerto Rico. Subsequent conferences have been at West Berlin in October 1957; Jamaica in April 1958; The Hague in May 1960; and Barbados in April 1961. The next regional conference will be held at Dacca, East Pakistan, in January 1962.

A number of seminars have also been organized in recent years: two, of a scientific nature, were held at Bombay in November 1955 and Hyderabad in January 1961, while the theme selected for a seminar in Lahore in February 1959 was social: "The Ideal Family." Seminars on the medical and sociological aspects of sterilization will take place in Bombay and in Singapore in January 1962.

Delhi Conference, 1959

The latest, the Sixth International Conference on Planned Parenthood, held in February 1959, was noteworthy for the support and co-operation it received from the Government of India: particularly, for the keen personal interest shown by the President and Vice-President of India, by the Prime Minister, Pandit Nehru, who inaugurated the conference, the Deputy Chairman of the Planning Commission and

by the Health Minister and officials of his department, including the Secretary, the Director-General of Health Services and the Director of Family Planning. Present were 783 delegates and observers from twenty-eight countries. The F.P.A. of India was the host-organization.

During the proceedings the representatives of the fifteen Asian countries tabled a resolution directing the attention of their respective governments to the efforts now being made by the countries of Asia to raise the level of living of their peoples, and the extreme difficulty of achieving this aim in view of the high and rapidly increasing rates of population growth. The resolution urged the governments concerned to take full advantage of the March 1959 session of the U.N. Economic Commission for Asia and the Far East (E.C.A.F.E.), which had on its agenda the item "Population Growth in relation to Economic Development."

E.C.A.F.E. Report

In June 1959 E.C.A.F.E. published its report "Population Trends and Related Problems of Economic Development in the E.C.A.F.E. Region." The region covered by E.C.A.F.E. stretches from Iran to Japan and now comprises twenty-two countries containing about half (1,700 million) the world's population and only a seventh of the land area, with few developed resources. The report states a generalization which it considers "valid for all but a few sparsely populated countries, and unfortunately applies with special force to those with a relatively dense population: it is that, other things being equal, a country with a higher rate of population growth must make a larger development effort (which includes investing more and abstaining more from consumption) in order to obtain a given rate of increase in *per capita* income." It goes on to warn that "there is even a danger that the development effort will not be large enough to offset the effect of a rapid population growth and that *per capita* income will decrease." The report reviews in some detail how the need for family limitation has gained acceptance in some of the E.C.A.F.E. countries, notably Ceylon, Hong Kong, India, Japan, Pakistan, Singapore and Taiwan, and refers to the activities of private organizations in the Federation of

Malaya and Thailand. Reference is also made to the family planning programme launched in China in 1955.

China's Change of Policy

At the height of the campaign, in June 1956, Madame Li Teh-chuan, the Chinese Minister of Health, told the People's Congress that wider birth control instruction was "necessary for the health of mothers and the better upbringing of children." Shortly afterwards she exhorted the people of China to break down the traditional opposition to birth control for "without planned child-birth China cannot free itself from poverty and become prosperous, rich and strong." The E.C.A.F.E. report states that "the programme, first on a modest scale but considerably intensified recently, is making guidance in family planning an important part of the activities of hospitals, child and maternity centres." But this information had already become out of date by the time the report was published. Although no restrictions have been put on the practice of birth control it is no longer publicly encouraged. But now it is suggested in some quarters that a further reversal of policy may be imminent because of the recent disastrous crop failures in China.

The New Awakening

In the past, governments have more often pursued expansionist policies than restrictive policies of population control. Only in the last decade has there been any real awakening to the need to reduce the rate of increase in the interests of the general health and strength of the nation, for economic advance and for social stability. Sir Julian Huxley has expressed the ultimate motivation for family planning as the desire to secure an improvement in the quality of life, to realize more possibilities of fulfilment for more people; while the immediate motivation is the necessity to secure a reasonable future to the human species before it is too late.

Without the pioneering work of Margaret Sanger and of the countless followers whom she inspired, there would have been no organized groups ready to exert an influence at the right moment on the governments of countries such as India and Japan. As family planning becomes

an accepted part of the health services, the role of the voluntary society will change but its function as a pioneer body will remain: its energies will be directed more towards educational research programmes and to liaison with governments.

W.H.O. Recognition

In May 1960 after nearly ten years as a Director of the Technical Assistance Administration of the United Nations, Mr. George W. Cadbury joined the I.P.P.F. staff as Field Director, and the title of Special Representative to the President was created for use as occasion arose by both Mr. Cadbury and his wife, Barbara. In November 1960 George and Barbara Cadbury undertook on behalf of the I.P.P.F. a tour of Asia which lasted five months and covered eleven countries. Their overwhelming impression was the need to get family planning recognized as a normal part of the maternal and child health services of the world, which recognition

they considered could best be given by its acceptance in the World Health Organization. Several, but so far unsuccessful, attempts have been made to get W.H.O. to examine the health aspect of family planning; the latest occasion was the resolution presented by Ceylon and Norway at the Fourteenth World Health Assembly in Delhi in February 1961, discussion of which was denied on a procedural point. Efforts are now being made to get the resolution re-presented next year at Geneva and for it to be supported by twenty countries.

Until W.H.O. becomes the proper international body to co-ordinate and stimulate family planning action the I.P.P.F. will have to do it. This means that through our member-associations in each country we have to develop relationships with governments and give them our services. The influence we must now exert is greater than at any time in the past fifty years. If we succeed the early pioneers will have no greater tribute to their work.

